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Applying New Models of Care to Meet Patient Needs in Integrative Oncology

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RUNNING HEAD: Integrative Oncology Models of Care

Increasing numbers of cancer patients seek complementary and integrative medicine approaches.[1,2] Despite the considerable growth of integrative medicine offered in academic cancer centers,[3] patient demand frequently outpaces availability. The Osher Center for Integrative Medicine at the University of California San Francisco (UCSF), for instance, previously closed its integrative oncology (IO) practice to new patients due to a >6 month wait-time.

To achieve quality integrative cancer care, we must identify barriers to access and test models to address these barriers. A growing body of literature examines the safety, effectiveness, and patient centeredness of IO care. Some of our recent efforts focus on addressing the other three domains of healthcare quality defined by the Institute of Medicine (IOM): timely, efficient, and equitable care.[4]

Timely care reduces delays. Due to lengthy wait-times for appointments, cancer patients are often unable to see an integrative oncologist during active treatment, arguably the most critical time to receive integrative care. Barriers to timely care include longer visits and the limited numbers of trained providers. IO visits are frequently 60-120 minutes, which results in fewer patients being seen within a typical clinic. Though this visit length is important to the practice of IO– facilitating comprehensive, coordinated, and holistic care—it reduces availability.

Efficient care improves coordination, which is a challenge at large cancer centers with multiple campuses and separate specialty clinics. Equitable care includes providing quality care irrespective of geographic location, socioeconomic status, or other individual and social factors. Barriers to equitable care include challenges posed by traditional in-person visits for patients who live far away. For example, 80% of UCSF cancer patients live outside of San Francisco and commute an average of 67 miles through Bay Area traffic for their medical appointments.

In order to overcome these barriers (Table 1), we are exploring new models of care. We are piloting IO group visits, where 8-10 cancer patients and caregivers meet with an integrative oncologist

for a series of visits on specific IO topics (e.g., nutrition, supplements, and mind-body medicine). We are also studying interventions that provide patient education on self-care utilizing digital health technology. Aspects of IO (e.g., some mind-body interventions) lend themselves well to this scalable format. Embedding integrative practitioners in oncology clinics, infusion centers, or inpatient settings, is another model that improves efficiency, as patients being seen for their usual oncologic care can simultaneously receive elements of IO care. Embedding also can allow for more coordinated and truly integrated care. Support between visits by health coaches and the use of telemedicine can motivate patients to adhere to diet and lifestyle regimens and help to optimize in-person time with providers.

Triaging patients into the appropriate model of care is important for delivering effective and quality IO care. In some healthcare systems, an integrative oncologist may be expected to serve as a gatekeeper to complimentary or integrative modalities. Given the limited number of integrative oncologists, it's important to consider ways to more judiciously and selectively (rather than routinely) use the integrative oncologist in this role. Clinical protocols and institutional guidelines can guide the use of complementary modalities for routine situations, such as for uncomplicated post-treatment survivorship care. A trained and experienced acupuncturist, for example, could provide integrative oncology care for select patients. While an integrative oncologist may be better utilized in medically complex situations, such as for a patient receiving a complex chemotherapy regimen. In addition to potentially allowing the more efficient use of resources, another advantage is that this approach emphasizes inter-professional care. However, out-of-pocket costs to patients have to be considered.

Patient-centered, safe, and effective IO care should be a part of comprehensive cancer care that meets the high quality standards set by the IOM.[4] Addressing the barriers to timely, efficient, and equitable care is necessary in order for IO to realize its full potential. The study of new models of care, by themselves and in combination, should be a focal point for the field of IO in its next stage of evolution.

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REFERENCES:

1. Clarke TC. The Use of Complementary Health Approaches Among U.S. Adults with a Recent Cancer Diagnosis. J Altern Complement Med 2018;24:139-45.

2. John GM, Hershman DL, Falci L, Shi Z, Tsai WY, Greenlee H. Complementary and alternative medicine use among US cancer survivors. J Cancer Surviv 2016;10:850-64.

3. Yun H, Sun L, Mao JJ. Growth of Integrative Medicine at Leading Cancer Centers Between 2009 and 2016: A Systematic Analysis of NCI-Designated Comprehensive Cancer Center Websites. JNCI Monographs 2017;2017:lgx004-lgx.

4. Committee on Quality of Health Care in America IoM. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC: National Academies Press; 2001.

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